

**VOLUNTEER FIREFIGHTER HEPATITIS B VACCINATION****Code: 2-8-11 (Form)****Employee / Volunteer:** _____**Instructions:** Employee / Volunteer is to check the appropriate boxes, sign and date the form. A witness of his/her choice is also to sign and date the form.**Declaration:**☐ I choose to **receive** the hepatitis B vaccine at this time.☐ I choose **not to receive** the hepatitis B vaccination at this because I have already received hepatitis B vaccinations (3) at (complete below):

_____ Date ____/____/____
(Location) (Approximate)

☐ I choose **not to receive** a hepatitis B vaccination at this time*.

* If you choose to decline the hepatitis B vaccine at this time, please read and sign the statement below:

I understand that due to my occupational exposure to blood or OPIM I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine, at no charge to myself. However, I decline to receive the hepatitis B vaccination test at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series and/or be tested at no charge to me. (per Cal-OHSA BBP standards §5193)

I have read and understand the statement above and have had all my questions fully answered regarding hepatitis B exposure and vaccinations.

Employee/Volunteer: _____ Date ____/____/____
(Print Name) (Signature)

Witness: _____ Date ____/____/____
(Print Name) (Signature)

Disposition: Original – Supervisor Copies – Employee, Dept. Safety Coordinator